



THE INFORMATION NETWORK
www.ACRAnet.com

MORTGAGE SERVICES • EMPLOYMENT SCREENING

521 W. Maxwell Ave. Spokane WA 99201-2417
Customer Service Direct: 509 324-1249 • 1 800 304-1249
Fax 509 324-1240 • 1 800 845-7435

“National Coverage with Local Service”

TENANT SCREENING • COMMERCIAL REPORTING

Physical Inspection Form

The following company has applied for membership with ACRAnet

Company Name: _____

Company Location: _____

To maintain compliance with the Fair Credit Reporting Act (FCRA), ACRAnet is required to perform a physical inspection on all applicants for membership. When an actual physical inspection is impossible due to logistic or geographic considerations, a ‘virtual’ physical inspection is authorized. Information collected is used only to maintain compliance with the FCRA, public law 91508.

Please take a moment to assist us.

Your Company Name: _____

Your Company Address: _____

Your Company Phone: _____ Your Name/Title _____

What is the nature of your relationship with the company? (i.e. client, vendor, neighbor etc)

I can verify that:

1. Can you verify the nature of the company’s business? **Yes**___ **No**___

If yes, please specify. _____

2. Is the company located at the exact address listed above? **Yes**___ **No**___

If no, please explain any discrepancy. _____

3. Is the address a commercial building, private residence, apartment, storefront or house converted for business use? **Yes**___ **No**___
please indicate type of facility _____

4. If operating out of a residence, is the office separated from the living quarters with a lockable door? **Yes**___ **No**___

5. Is the company’s name listed on a permanent (cannot be moved) sign? **Yes**___ **No**___

Does the name on the sign match the name listed above? **Yes**___ **No**___

If no, what is the exact name listed on the sign?

Where, specifically, is the signage located? (on building, door, in/on window, lobby directory etc.)

6. Does this facility appear to be a permanent office location? **Yes** ___ **No** ___ **N/A** ___
7. Do the adjacent businesses appear to be reputable? **Yes** ___ **No** ___
 Does the office appear active, reputable and consistent with the nature of the business?
Yes ___ **No** ___ **N/A** ___
 (Does the business have phones, lockable filing cabinets/drawers, trade association plaques and appropriate furnishings? Does the business have appropriate space available for staff and is it in a location accessible to the public if necessary? Are customer files present?)
- Are the work stations viewable by non-employees? **Yes** ___ **No** ___
- Is there any visual indication (letterhead, business cards etc.) that the company is involved in or associated with credit repair, consumer debt counseling, pornography or related businesses, legal services of any kind, private investigations or other investigative companies, bail bonding activities, news agencies or journalists, law enforcement, (except employment screening), dating services or asset location services? **Yes** ___ **No** ___
8. Are any licenses on display? **Yes** ___ **No** ___
 (If yes please indicate Business ____, Sales Tax ____, Industry ____, Other _____)
9. Do you know of any other names the company is known by? **Yes** ___ **No** ___
 (If yes please list: _____)
10. Are calls received at the office location or at a pooled secretary station such as an executive suite with other companies within a commercial building. **Office** ___ **Pooled** ___
 If pooled/executive suite please indicate the landlord or business management office name and phone number _____
11. Is the office space shared with another business? **Yes** ___ **No** ___
 If yes, what is nature of the business? _____
 Is it separated from applicant business with a lockable door? **Yes** ___ **No** ___

Please fax back the completed form attention Krystal @ 1-800-845-7435

If you have questions about this form, please call above referenced directly at 1-800-304-1249 ext. _____

Comments: _____

Applicant/Client: _____

Signature: _____

Name of signor: _____
 (Print or Type)

Title: _____

Date: _____

Contractor Conducting the Physical Inspection

Signature: _____

Name of signor: _____
 (Print or Type)

Title: _____

Date: _____